

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
491142

APPLICANT(S)

FILING DATE  
1-26-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
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50						
TOTAL IND.	2		1			
TOTAL DEP.	19					
TOTAL	21					

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TOTAL DEP.						
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